

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance 1, MASS. TOWN OF SAUGUS, MASS.

Fill in Reporting Period dates: Beginning Date: 12 5	File with: City or Town Clerk or Election Community Ending Date: 1/20//
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election 4 year-end report dissolution
Mark Mrtchell Candidate Full Name (if applicable)	Committee to Elect Muck M. tahill
MARAMAHAMA Schooling	Committee Name Kristin O'Brin Bruben
Office Sought and District MINIMAN 3 Lisu Lane Says, MA	Name of Committee Treasurer
Residential Address 01900	3 Lisa Lane, Suges, MI4 01906 Committee Mailing Address
lephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 2, line 11)	-0-
Line 3: Subtotal (line 1 plus line 2)	-0-
Line 4: Total expenditures this period (page 3, line 1	4) -0 -
Line 5: Ending Balance (line 3 minus line 4)	-0 -
Line 6: Total in-kind contributions this period (page	4) -0 -
Line 7: Total (all) outstanding liabilities (page 4)	461.91
Line 8: Name of bank(s) used: Suntile.	e Buck
davit of Committee Treasurer: tify that I have examined this report including attached schedules and it is, to the best of mity, including all contributions, loans, receipts, expendences, disburscanents, in-kind contribute activity of all persons acting under the authority of this committee in accorded under the penalties of perjury:	ny knowledge and belief, a true and complete statement of all campaign finance ibutions and liabilities for this reporting period and represents the campaign ordence with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 120/110
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box out	
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting perions.	of my knowledge and belief, a true and complete statement of all campaign finan- ince with the requirements of M.G.L. c. 55. I have not received any contributions
Candidate without Committee certify that I have examined this report including attached schedules and it is, to the bost of including activity, including contributions locals reporting according to the contributions locals reporting the contributions locals reporting the contributions and the contributions locals reporting the contributions and contributions locals reporting the contributions are contributed by the contribution of the contribution reporting the contribution of the contribution reporting the contri	of my knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of this com at under the penalties of perjury:	mittee in accordance with the requirements of M.G.L. c. 55. (Candidate's rignature) Date: //20/16



SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in almost collective of the state of

(A "Schedule A: Receipts" attachment is available to complete, print and attach, to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
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	1 HEAVEN OF THE STATE OF THE ST			
			American property of the control of	
	The second secon			
ne 9: Total Receipts	over \$50 (or listed above)	[-o-]		
ie 10: Total Receipts	\$50 and under* (not listed above)	-0-		
 B. J. Schener, July 19, 5-75. 	EIPTS IN THE PERIOD	[-O-] _e	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$30 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number-on each page. [GUS MASS.]

Date Paid	To Whom Paid (alphabetical listing)	ttee name and a page number on each p	Purpose of Expenditure	Amoun
· (在)》		0.150		
		Line 12: Total Expenditures over	r \$50 (or listed above)	-0-
		Line 13: Total Expenditures \$50		-0 -
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU , include them in line 12. Line 13 sho	RES IN THE PERIOD	-0-

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		2016. JAN	A V 20	
		The state of the s	TRK1S OFFICE	
		IUWAU-	A CONTRACTOR OF THE CONTRACTOR	
an in-kind contribut	ion is received from a person who of in a calendar year, you must report			
name and address of	the contributor; in addition, if the			-0-
tributor's occupation	and employer.	Line 16: In-Kind Contributions \$	50 & under (not listed above)	л о =
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0 -

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Much 2015	Makmithi	3 tranton, Sugra	Prinow ob Libility	461.91
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
			1751	
	D	Line 18: TOTAL OUTSTANDI		100 (100 and 100 and 1